

New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository of Criminal Records
10 Hazen Drive
Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SCHOOL BUS DRIVER CERTIFICATION

In accordance with the requirements of RSA 189:13-a, I hereby authorize the New Hampshire Department of Safety, Division of State Police, to provide the Supervisor of the Office of Pupil Transportation as well as,

(Name)
(Title)
(Address)

(Name & address of authorized representative of the employing bus company, school administrative unit, school district, charter school, or other person to received Criminal History Record Information.)

with the Criminal History Record Information hereby requested.

PLEASE TYPE OR PRINT CLEARLY - ALL INFORMATION IS MANDATORY

Name: _____
LAST (MAIDEN), FIRST, MI.

Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Drivers License #: _____

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and/or unsworn falsification.

Releasee's Signature: _____ Date: _____

Notary's Signature: _____ Date: _____
(Affix seal.)

Fees: \$28 for volunteers, \$34 for employees. Please make checks payable to Sate of NH - Criminal Records.